



**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

TWO SOUTH STATION  
BOSTON, MA 02110  
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COMMISSIONER

***Independent Payphone Provider (IPP)  
Revenue Statement for Calendar Year Ending December 31, \_\_\_\_\_***

1. *Exact* name of reporting company \_\_\_\_\_

2. dba in MA, if any \_\_\_\_\_

3. Federal Identification Number (FIN) \_\_\_\_\_

4. If filing a combined statement, list registered name and FINs of **all** joint filers:  
Registered name(s) dba FIN \_\_\_\_\_

5. MA **intrastate** operating revenue \$ \_\_\_\_\_

6. MA **intrastate** operating expenses \$ \_\_\_\_\_

**CONTACT INFORMATION**

Questions regarding the information provided in this return, and **regulatory assessment invoices**  
**should be directed to:** ☐ *Please check if the contact information has changed since last filing.*

Contact person/title \_\_\_\_\_

Address \_\_\_\_\_

Contact person telephone number \_\_\_\_\_ Contact person E-mail address \_\_\_\_\_

*I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name/Title (typed or printed)

Please issue a check in the amount of \$5 payable to the Comm of MA-DTC.

Do not staple the check to the forms.

Mail the original ***IPP Revenue Statement*** and two (2) photocopies, along with the original check, and two (2) photocopies of the check to:

**MA Department of Telecommunications & Cable**

**Attn: Competition Division**

**Two South Station**

**Boston, MA 02110**